1	2	3
Bihar	451	452
Gujarat	29	28
Haryana	105	103
Karnataka	195	195
Kerala	195	198
Madhya Pradesh	498	498
Maharashtra	135	135
Orissa	361	367
Punjab	196	199
Rajashtan	677	670
Tamil Nadu	76	79
Uttar Pradesh	707	707
West Bengal	264	266

Malnutrition and child deaths

1893. SHRI DATTA MEGHE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Maharashtra rates second in terms of malnutrition after Kalahandi in Orissa;

(b) if so the details thereof;

(c) whether more than one lakh children die or are stillborn in a year in Maharashtra;

(d) if so, whether Government have appointed any Study Committee for the child deaths in Maharashtra;

(e) if so, the details thereof;

(f) if not, the reasons therefor; and

(g) the measures taken by Government to deal with the situation of malnutrition in the country with reference to Maharashtra?

THE MINITER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No Sir, as per the National Family Health Survey-ll (NFHS-II) the under nutrition in children under three years of age is 54.4% in Orissa, 55.1% in Madhya Pradesh, 54.4% in Bihar, 51.7% in Uttar Pradesh, 50.6% in Rajasthan and 49.6% in Maharashtra.

(c) As per the information provided by the State Government of Maharashtra, in the year 2004-05, there were 28026 still births and 31556 infant deaths.

(d) and (e) Government of India has not set up.any such Committee so far.

(0 and (g) Malnutrition is a multi-faceted problem. Malnutrition occurs due to combination of several factors such as inadequate intake of food, low birth weight, poor infant feeding practices, neglect of health of adolescent girls & pregnant women, lack of nutritional awaresness, poverty leading to low purchasing power, Poor socio-economic status of women, female iliteracy, high rate of population growth and low access of population of health services, education, safe drinking water, environmental sanitation etc.

The Government has initiated various measures to improve the nutritional and health status of the population in the country including the State of Maharashtra. The measures are given in the enclosed statement *(See* below). The Government of Maharashtra has been implementing various schemes for reducing malnutrition. The details are enclosed as statement-ll.

Statement-I

Measures to improve the Nutritional statues of the people

* Improving agricultural and horticulture produce
* Improving the purchasing power of the people through various income generating schemes
* Availability of essential food items at subsidised cost through Public Distribution system

* Nutrition Education to increase the awareneess and bring about desired changes in the dietary practices including the promotion of breast feeding and dietary diversification

* A National Nutrition policy has been adopted in 1993 and a National Plan of Action for Nutrition (1995) in being implemented through various Departments of Government. The National Nutrition Mission has been set up.

* Supplementary Feeding programmes

(i) Integrated Child Development Services Scheme (ICDS)

(ii) National Programme of Nutritional support to Primary Education (Mid-day Meal Programme)

* Programmes for prevention of Specific Micronutrient Deficiency disorders

(i) Anemia Control Programme—Under the Reproductive and Child Health (RCH) Programme implemented throughout the country, pregnant women and children (1-5 yrs) are provided with iron and folic acid tablets for prophylaxis and treatment of anemia.

(ii) Prophylaxis Programme to prevent Nutritional Blindness due to Vitamin A deficiency. This is also under the RCH programme.

(iii) National Iodine Deficiency Disease Control Programme (NIDDCP)

(iv) Pilot Programme for control of Micronutrient Deficiencies

Statement-ll

Schemes implemented by the Government of Mahrashtra for reducing the malnutrition

1. The Integrated Child Development Scheme providing the Supplementary Nutrition to Pregnant and Lactating Mothers and under six children.

2. The Raj Mata Jijau Maternal Child Health & Nutrition Mission is established in March 2005.

3. Janani Suraksha Yojana is being implemented to increase the institutional deliveries and to decrease the maternal morbidity and mortality.

The State is implementing following schemes in the tribal areas under the umbrella of Nav Sanjivani Yojana

(1) Pada Volunteer Scheme

(2) Mobile Medical Squad

(3) Matutva Anudan Yojana (Maternity Benefit Scheme)

(4) Dai Meeting Scheme

(5) Establishment of Pediatric ICU in CH Centres.

Medical colleges in Karnataka

1894. SHRI K.B. KRISHNA MURTHY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) how many applications for sanction of new medical colleges have been received during 2005-06 from Karnataka;

(b) out of above how many new medical colleges have been sanctioned to Karnataka during 2005-06;

(c) whether Karnataka Government has requested to sanction six new Government medical colleges during 2005-06;

(d) if so, whether the Medical Council of India team visited these proposed new Government medical colleges;.and

(e) if so, the reasons for not giving permission during 2005-06?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) A total of 9 applications were received from Karnataka for permission to start new medical college during the academic year 2005-06. Out of these two applications were not meeting the qualifying criteria prescribed in the Regulations of Medical Council of India and, were therefore, returned as incomplete. Remainng 7 (5 Government and 2 private) proposals were forwarded to Medical Council of India for evaluation. Inspections of all these